

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>160</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>334</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____	No. <u>254</u> <u>Grove Canyon</u> Ward _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Valente</u> <u>Campes</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>yes</u>		7. Date of birth <u>May 21, 1923</u>	(Month, day, year)
8. FATHER Full name <u>Augustin Campos</u>		14. MOTHER Full maiden name <u>Maria Mugia</u>	
9. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>machine man</u> Nature of Industry <u>Copper mine</u>		19. Occupation <u>Housewife</u> Nature of Industry _____	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:15 P.</u> m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. J. Miller</u> (Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Miami, Arizona</u>	
Registrar. <u>532-521-441</u>		Filed <u>May 31, 1923</u> <u>P. E. J. J.</u> Local Registrar.	
		Filed <u>6-6</u> , 19 <u>23</u> <u>P. E. J. J.</u> County Registrar.	